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SENSITIVE
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TAGS: [TBIO](#) [KISL](#) [PGOV](#) [SOCI](#) [ECON](#) [KOCI](#) [EAID](#) [NI](#)

SUBJECT: NIGERIA: LAUNCHING NATIONAL HIV/AIDS COUNSELING AND TESTING PROGRAM

SENSITIVE BUT UNCLASSIFIED - NOT FOR DISTRIBUTION OUTSIDE USG.

11. (SBU) SUMMARY. From October 9 - 11 the Government of Nigeria hosted a forum to discuss and develop a national HIV/AIDS Counseling and Testing (HCT) initiative. The event provided a rare and useful platform for HIV/AIDS advocacy and frank discussions. The GON appears to view a new massive national HCT program as a principal mechanism for expanding prevention, outreach and behavioral change, although such a campaign seems more appropriate for a country with a generalized HIV/AIDS epidemic (such as those in southern Africa). Nigeria faces a complex mix of several localized and concentrated epidemics, with significantly higher seroprevalence rates in most-at-risk populations (MARPs), which calls for a more targeted anti-HIV/AIDS response. Moreover, the GON showed little evidence that it has thought through the logistical, technical, and financial inputs that will be required to undertake such a massive nationwide campaign (which could conceivably involve close to 59 million Nigerians) and how it plans to treat and care for those that will be diagnosed as seropositives. END SUMMARY

12. (U) The Nigerian National Agency for the Control of AIDS (NACA) held a national forum to discuss and develop a national HIV/AIDS Counseling and Testing (HCT) initiative from October 9 - 11. The forum was officially inaugurated by the Vice President of the Federal Government of Nigeria, Goodluck Jonathan, and brought together a wide and influential array of federal, state, and local government officials and representatives of civil society, people living with HIV/AIDS, and partners from the private sector and the international community.

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SECOND HIGHEST GLOBAL HIV/AIDS POPULATION

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13. (U) According to a survey conducted in 2005, Nigeria's HIV prevalence rate dropped from 5.2% in 2003 to 4.4% in 2005. (Note: The Joint United Nations Program on HIV/AIDS (UNAIDS) estimates the generalized prevalence rate to be 3.1%, the rate also used by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Data stemming from the GON's 2008 HIV prevalence survey among pregnant women is currently being analyzed, which will be used to project a more accurate HIV prevalence rate among the general population by early 2009. End Note). Based on the GON's data, Ekiti state has the lowest infection rate, 1.6, while Benue state has the highest, 10%. Fifteen states including the Federal Capital Territory (FCT) have greater infection rates than the national average of 4.4%, with slightly higher rates in urban areas. The GON states that unsafe heterosexual sex practices, blood transfusion, and unsafe injection are the key drivers of HIV/AIDS transmission in the country. Nigerians living with HIV/AIDS suffer from stigma and discrimination.

14. (U) NACA officials estimate 2.9 million Nigerians are living with HIV/AIDS, the second largest number in the world after South Africa. Of these, 540,000 need Anti-retroviral (ARV) treatment. Nearly 200,000 individuals are receiving ARV treatment funded through USG PEPFAR programs. NACA calculates that there are 58.4 million Nigerians who need to be reached with prevention messages through an HCT program. This figure is composed of people who are in the active reproductive age range and vulnerable groups such as female sex workers, transportation workers, and populations living in junction towns. (Note: There are important risk differences between all Nigerian adults of reproductive age and those belonging to vulnerable groups such as the aforementioned. End Note). So far, only 10.8% of the target 58.4 million have undergone HIV tests because of shortage of testing services, the stigma associated with the disease, or poor awareness of testing benefits and counseling.

THE GOAL OF A NATIONAL HCT PROGRAM

15. (U) At the HCT forum, Vice President Jonathan noted Nigeria's comparatively low infection rate (compared to other African countries) and acknowledged the significantly higher number of Nigerians living with HIV/AIDS. He said given Nigeria's sizable HIV burden and population, more needs to be done to arrest the expansion of the disease. He underscored the GON's commitment to combating HIV/AIDS and identified HCT as a key link in an effective anti-HIV/AIDS strategy. The Vice President reaffirmed the federal government's "non-revocable commitment" to protect and develop its human resources and said "we are all commanders and generals and cannot afford to lose the war against HIV/AIDS." He also specifically acknowledged and thanked the USG for its "significant

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assistance in curbing the ravages of HIV/AIDS through PEPFAR and the Global Fund."

16. (U) NACA Director General Professor Babatunde Osotimehin described the HCT program as "a clear entry point to a successful prevention, treatment, care, and support regime" and announced the GON's plan to launch such an initiative shortly. He said in recognition of HCT's importance and in collaboration with partners, the GON plans to expand access to HCT services by integrating them into existing public and private health facilities and by establishing standalone HCT sites. The plan will scale-up HCT services by establishing at least five HCT delivery points in all 774 Local Government Areas (LGAs) by 2010 and support targeted public outreach efforts. According to the NACA Director General, those that test positive will receive treatment, counseling and care and those that test negative will receive prevention counseling.

17. (U) To implement the program NACA will request greater commitment from the GON and mobilize support (financial and technical) from the private sector, civil society, and multilateral and bilateral donors. The HCT forum established a committee composed of various players to develop an action plan to launch a national HCT program. Speaking on behalf of the Development Partners Group against HIV/AIDS (DPG), a donor committee that includes both USAID and CDC, the World Bank representative applauded the GON for its anti-HIV/AIDS efforts, stated the significant assistance by the international community, and urged the GON to show its commitment by providing the funds necessary to undertake the proposed HCT program.

IMPLEMENTATION IS KEY

18. (SBU) COMMENT: To reach close to 59 million Nigerians with HCT service, the GON must come up with sufficient funds to mainstream HCT services into existing health facilities, establish additional HCT sites and train the personnel that will staff them while overcoming very low level of public awareness and negative perception against those infected with the virus. It also needs to formulate a strategy on how it is going to care for and treat those that will be diagnosed with the disease.

¶9. (SBU) The GON's proposal to use HCT as a principal measure for boosting prevention and behavioral change is challenged by the DPG's consensus that a nationwide HCT campaign may be more appropriate for countries with a generalized epidemic, such as those in southern Africa. Nigeria essentially suffers from a more localized threat among MARPs and therefore a nationwide campaign for HCT is unlikely to receive much donor and development partners' support. It will fall upon the GON to appropriate funds, and create the technical and logistical framework that will be needed to launch and sustain such a massive campaign.

¶10. (SBU) Apart from funding the HCT initiative, the issue of treatment and care for those that will test positive needs to be far more clearly outlined. In a separate follow-on meeting with AIDOff, the NACA Director General said a more realistic target for HCT over a 3-5 year period might be testing 15 million people, as per the recent Global Fund Round 8 application. The U.S. Mission will continue to engage the GON with the goal of shaping a more appropriate HCT program. END COMMENT.

¶11. (U) This cable has been coordinated with Consulate Lagos.

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